



Deposition Request (Appeals)

Dated:

Claimant ID/SSN.:

Docket No.:

In accordance with the provisions of 56 Ill. Adm. Code 2720.227 and 2725.232, I the

(Check One) (Claimant Employer), in the above referenced Docket Number, hereby requests the

(Check One) (Referee Director's Representative), to issue an Order for Deposition.

The witness sought is:

The Deposition is necessary in order to:

I certify that a copy of this Deposition Request was served on all parties.

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

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